

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37239

FILED DEC 9 1948  
Registration District No. 273

Primary Registration District No. 5656

State File No. \_\_\_\_\_  
Registrar's No. 142

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Few Hours (Specify whether years, months or days)  
In this community Several years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James D. Peck  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gladys Peck 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Jan 27 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rogersville Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business \_\_\_\_\_

12. Name Joseph Peck

13. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Brown

15. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. STATE San, Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof Dec 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.O.F. Cemetery Vernon

18. (a) Signature of funeral director Max J. Turrent

(b) Address Mt. Vernon, Mo.

19. (a) Dec 4-48 (b) Cecil Hendricks  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence 55  
(c) City or town Mount Vernon, Mo 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 1st  
year 1948 hour 6:40 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 on Dec. 1st, 19 48  
that I last saw him alive on Dec. 1st, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration few hrs

Due to arteriosclerotic heart disease 3 1/2 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature C. E. Hellyer M. D. (M. D. or other) \_\_\_\_\_

Address Mount Vernon, Mo Date signed 12-2-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

1248-1356

Date Filed 12-8-48

JAN 26 1959

JAN 12 1959

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Max L. Tossell

Licensed Embalmer No. 4252

P. O. Address MT Vernon, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**